

Date: 2723



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

23-341-CT

☐ Candidate Committee Name (required): (first or last name & office)	Cuntingham for Council
Candidate Information:	Candidate's Name (required):
	Candidate's mailing address (required):
	Candidate's email address (required):
	Candidate's phone number (required):
	Candidate's website (if any):
Office Sought (choose one):	□ Mayor □ Council Member, Ward □
Election Cycle for Office Sou	ght (year the election will take place) (required):
Party Affiliation: (required)	□ Democrat □ Libertarian □ Republican □ Other:
☐ Political Action Comr	mittee (DAO)
	The Control of the Co
(if sponsored, must include sponsor's name)	
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures
(select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required):
	Sponsor's email address (required):
	Sponsor's phone number (if any):
	Sponsor's website (if any):
Special Status must be filed (if applicable)	d with Secretary of State ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union ☐ Standing Committee (must also complete separate standing committee registration) ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
☐ Political Party	
☐ Political Party Committee Name (required): (must include party affiliation)	
Committee Name (required):	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
Committee Name (required): (must include party affiliation)	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
Committee Name (required): (must include party affiliation)	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
Committee Name (required): (must include party affiliation)	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)





City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

23-341-4

COMMITTEE INFORMATION:

	Committee's email address (required):
	Committee's phone number (if any):
	Committee's website (if any):
	Committee's website (if any): Chairperson's name (required): Kivsten Engel
	Chairperson's physical address (required). Jame of mail, 45 address
	Chairperson's mailing address (if different): 22/8 E. Hawthorne Jt. 1037
	Chairperson's email address (required): Kengel 48@ gmail. com
	Chairperson's phone number (required): (528) 461-2478
	Chairperson's employer (required): University of Arizona
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required): Meth Kopec
	Treasurer's physical address (required): 3700 N. 134 Ave Apt 1065
	Treasurer's mailing address (if different): 1 44 50V, A 4 5 5 119
	Transpurar's amail address (required): Matt Kow 10 (@ 9 mg) 1. com
	Treasurer's phone number (required): (520) 400~3 020
	Treasurer's employer (required):
	Treasurate composition (required): Academy Parturalis Coordinator
	reasurer's occupation (required).
Bank or Financial Institution:	reasurer's occupation (required).
	Bank name (required): Additional bank name (if applicable):
Bank or Financial Institution: (do not list acct numbers)	Bank name (required): Panh of Armerica
(do not list acct numbers) ECLARATION AND SIGNAT I declare under penalty of chairperson or treasurer of the committee and authorize it to the committee and authorize it.	Bank name (required): Additional bank name (if applicable): Additional bank name (if applicable): Additional bank name (if applicable): Derjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as the committee named herein, if applicable; (2) designate the above-named committee as my official candidate or receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email
(do not list acct numbers) ECLARATION AND SIGNAT I declare under penalty of chairperson or treasurer of tocommittee and authorize it tampaign finance and repor §§ 16-901 to 16-938; and (§ address(es) provided herein Chairperson's signature:	Bank name (required): Additional bank name (if applicable): Additional bank name (if applicable): Derjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as the committee named herein, if applicable; (2) designate the above-named committee as my official candidate or receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email.
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